



Occupancy Request Form

Address: _____

Type of Inspection:

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Building Certificate of Occupancy

☐

Occupancy Load

Proposed use _____

Square Footage _____

Seating moveable: Y / N

*Floor plan is required showing locations of exits, and rooms labeled.

Construction Type: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Office Use Only

Date received: _____ Fee \$ _____ Date issued: _____

Occupancy Classification: _____ Construction Type - Minimum: _____

Occupant Load: _____ Automatic Fire Sprinkler System: Yes / No Required: Yes / No

Approved Use: _____